

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010HOBBS OCD
MAR 09 2015
RECEIVED**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM120908
2. Name of Operator COG PRODUCTION LLC		6. If Indian, Allottee or Tribe Name
Contact: STORMI DAVIS E-Mail: sdavis@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946	8. Well Name and No. KING TUT FEDERAL 4H ✓
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 30 T24S R32E NENE 190FNL 330FEL 32.194995 N Lat, 103.705821 W Lon		9. API Well No. 30-025-41560-00-X1 ✓
		10. Field and Pool, or Exploratory COTTON DRAW
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

6/10/14 Spud well.

6/11/14 TD 17 1/2" hole @ 840'. Set 13 3/8" 54.5# J-55 csg @ 840'. Cmt w/500 sx Class C. Tailed in w/250 sx. Circ 290 sx to surface. WOC 18 hrs. Test csg to 1500#. Drilled out 5' below FS w/10# brine - no loss of circ.

6/15/14 TD 12 1/4" hole @ 4542'. Set 9 5/8" 40# J-55 csg @ 4542'. Cmt w/1450 sx Class C. Tailed in w/250 sx. Circ 230 sx to surface. WOC 18 hrs. Test csg to 1500#. Drilled out 5' below FS w/10# brine - no loss of circ.

7/9/14 TD 8 3/4" lateral @ 18222' KOP @ 7845'. Set 5 1/2" 17# P-110 csg @ 18222'. Set DVT @ 7015'. Cmt Stage 1 w/400 sx Class H. Tailed in w/2500 sx. Circ 251 sx. Cmt Stage 2 w/1150 sx

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #253715 verified by the BLM Well Information System For COG PRODUCTION LLC, sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 10/09/2014 ASL 1007054	
Name (Printed/Typed) STORMI DAVIS	Title PREPARER	ACCEPTED FOR RECORD MAR 5 2015 D. Ham BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
Signature (Electronic Submission)	Date 07/18/2014		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved By _____	Title _____	Date _____	
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.			
Office _____			

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

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